



Tennessee Department of Environment and Conservation,
Division of Water Pollution Control
401 Church Street, 6th Floor L & C Annex, Nashville, TN 37243
(615) 532-0625

**CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)
STATE OPERATING PERMIT (SOP) APPLICATION**

Type of permit you are requesting: ☐ SOPCD0000 (designed to discharge) ☐ SOPC00000 (no discharge) ☒ Unknown, please advise
Application type: ☒ New Permit ☐ Permit Reissuance ☐ Permit Modification
If this NOI is submitted for Permit Modification or Reissuance provide the existing permit tracking number: _____

OPERATION IDENTIFICATION

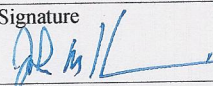
Operation Name: Sweetwater Valley	County: Loudon
Operation Location/ Physical Address: 17988 Lee Hwy Philadephia Tn 37846	Latitude: 35°41'12.57" N
	Longitude: 84°23'41.87" W
Name and distance to nearest receiving water(s): 300 feet Sweetwater Creek	
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list those permit numbers: None	
Animal Type: <input type="checkbox"/> Poultry <input type="checkbox"/> Swine <input checked="" type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Other _____	
Number of Animals: 1125	Number of Barns: 9 Name of Integrator: _____
Type of Animal Waste Management: (check all that apply)	<input checked="" type="checkbox"/> Dry <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Liquid, Closed System (i.e. covered tank, under barn pit, etc.)
Attach the NMP <input checked="" type="checkbox"/> NMP Attached	Attach the closure plan <input checked="" type="checkbox"/> Closure Plan Attached Attach a topographic map <input checked="" type="checkbox"/> Map Attached

PERMITTEE IDENTIFICATION

Official Contact (applicant): John Harrison	Title or Position: Owner			<input checked="" type="checkbox"/> Correspondence <input checked="" type="checkbox"/> Invoice
Mailing Address: 17988 Lee Hwy	City: Crandall	State: TN	Zip: 37846	
Phone number(s): (865)659-7831	E-mail:			
Optional Contact: John Donaldson	Title or Position: consultant			<input checked="" type="checkbox"/> Correspondence <input type="checkbox"/> Invoice
Address: 107 Donaldson Ave	City: Celina	State: tn	Zip: 38551	
Phone number(s): 931-261-9967	E-mail: JCD107@gmail.com			

APPLICATION CERTIFICATION AND SIGNATURE (must be signed in accordance with the requirements of [Rule 1200-4-5-.05](#))

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and title; print or type John Harrison	Signature 	Date 1-13-14
---	---	------------------------

STATE USE ONLY

Received Date	Reviewer	EFO	T & E Aquatic Fauna	Tracking No.
	Impaired Receiving Stream		High Quality Water	NOC Date